

Case Number:	CM14-0034811		
Date Assigned:	06/20/2014	Date of Injury:	08/31/2008
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male was reportedly injured on August 31, 2008. The mechanism of injury is reported to be similar to trauma from constant drumming, up to 12 hours. A follow-up progress note dated November 5, 2013 indicates that the claimant is status post cervical spine surgery, and complains of low back, neck, and shoulder pain. Physical examination reveals tenderness to palpation and muscle spasms of the lumbar paraspinal region. Oral medications were prescribed as well as under review. Previous treatment has included epidural steroid injections, Norco, and naproxen. Additionally, physical therapy and a home exercise program were initiated. This request is retrospective for a date of November 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Hydrocodone/Acetaminophen/Dimethylsulfone (duration and frequency unknown) dispensed on 11/13/2013 for treatment of neck, cervical, right shoulder and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The CA MTUS guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines indicate that topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical record provides no documentation that the claimant has tried and failed first line antidepressants or anticonvulsant therapies, antidepressant or anticonvulsant medications, or antidepressant and anticonvulsant therapies. Based on the clinical documentation available, this medication is not supported by the guidelines for topical use and this clinical setting for the claimant's diagnosis. As such, this request is not medically necessary.